



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE BOARD OF HEALTH

Town of Arlington

27 Maple Street
Arlington, Massachusetts 02476

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APPLICATION FOR A PERMIT TO OPERATE A
TEMPORARY FOOD ESTABLISHMENT

Establishment/Food Vendor:

Name _____ Phone # _____

Address _____

Person in Charge _____ Phone # _____

Event:

Location _____ Address _____ Date _____

Foods:

List all food/beverages to be served (non listed items will not be permitted) _____

Method of keeping food covered during display _____

*Potentially hazardous foods – **Food thermometers required***

Method of keeping cold food below 41° F _____

Method of keeping hot food above 140° F _____

Place of preparation (must be a permitted kitchen) _____

Non-Arlington establishments must submit a copy of their Food Permit.

Method of hand washing/hand sanitizing _____

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- All food must be covered at all times during display.
 - All food contact services must be sanitized and kept clean at all times.
 - All food must be protected from sunlight to prevent temperature elevation.
 - All food must be stored at least 6 inches off the ground.
 - Non-Arlington establishments must submit a copy of their Permit to Operate a Food Establishment.
 - Submit Permit Fee \$25.00 made out to Town of Arlington with this application.

Signature

Date